

Foster Family Home - Corrective Action Report

Provider ID: 1-599946

Home Name: Carmenchu Cortez, CNA

Review ID: 1-599946-6

94-885 Kaaholo Street

Reviewer: Lisa Johnson

Waipahu HI 96797

Begin Date: 4/23/2019

Foster Family Home Required Certificate [11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.(d)(1) Home inspection for a 2 person CCFFH recertification made on 4/23/19. Corrective Action Report issued during home inspection with all items due to CTA by 5/23/19.

Foster Family Home Personnel and Staffing [11-800-41]

41.(b)(5) Provide non-medical transportation through possession of a valid Hawaii driver's license and access to an insured vehicle, or an alternative approved by the department.

41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

Comment:

41.b.5 Copies of Drivers license in binder shows expired licenses for CG#2,3,4 and HHM#2.

41.b.8 BBP certification lapsed for: PCG was due on 1/2/2019, was completed 1/17/2019. CG#2 was due on 1/2/2019, was completed 1/12/2019. CG#5 was due on 1/2/2019, was completed on 1/12/2019.

Foster Family Home Medication and Nutrition [11-800-47]

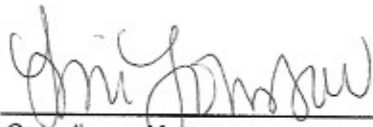
47.(d)(1) By order of a physician;

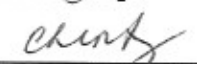
47.(d)(2) Reflected in the client's service plan; and

47.(d)(3) Based on an assessment that includes the consideration of less restrictive restraint alternatives

Comment:

47.d.1-3. Client# 1 and 2 has no orders by MD for safety belt in wheelchair and side-rails up, but have them checked and written in service-plan. Client #3 has no MD orders for side-rails up, but its is checked and written in service plan.


Compliance Manager


Primary Care Giver


Date


Date

Community Care Foster Family Home (CCFFH)
Written Plan of Correction for Deficiencies
Listed in Corrective Action Report
Chapter 17-1454

CCFFH Name: CARMENCHA CORTES

CCFFH Address: 94-885 KAAHOLA ST. WAIKANA, HI. 96797

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
41.b.5	I made copies of all the new licenses of my 3 Caregivers #2, 3, 4 and 1 HHM #2 & placed in the administrative binder.	5/15/19	In the future I'll make sure to check always my CG licenses & HHM for the expiration date so it won't happen again.
41.b.8	Lapse cannot be corrected.	5/15/19	Home understand the BBP requirements. Home will use calendar or iPhone to input all due dates to prevent any future lapses.
47.d.13	MO ordered to use WC belt & side rails up for safety of clients #1 & #2. MO of client #3 also ordered to use bed side rails up while in bed for safety.	5/6/19 5/7/19 5/2/19	Home will communicate or ask question to the RN case manager if there is something I don't understand about the service plan.

Primary Caregiver's Signature: Carmencha

Print Name: CARMENCHA CORTES

Date of Signature: 5/15/19